FILE NOW: FILING FEE IS $61.25

FILED
Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751928 (3)

1. Corporation Name

YOUMANS PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
3816 HIGHWAY 92 EAST PLANT CITY FL 33566	3816 HIGHWAY 92 EAST PLANT CITY FL 33566-7376

3. Date Incorporated or Qualified: 04/08/1980
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2190940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PENTECOST, WILLIAM
3860 HWY 92 EAST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William Pentecost 2/26/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM PENTECOST		1.2 NAME		
STREET ADDRESS	3816 HWY 92 E		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	HARDING, FRED E JR		2.2 NAME	MARY L. COX	
STREET ADDRESS	314 NORTH WEBB ROAD		2.3 STREET ADDRESS	206 N. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	PLANT CITY, FL	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUCE CHAMBLESS		3.2 NAME		
STREET ADDRESS	2835 GORDON ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COX, GENE		4.2 NAME		
STREET ADDRESS	206 NORTH WIGGINS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROY WISE		5.2 NAME		
STREET ADDRESS	605 N. COLLINS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENNIE PITTS		6.2 NAME		
STREET ADDRESS	1002 HAGGARD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Pentecost WILLIAM PENTECOST 2/26/97 8137570633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046180